



FluMist® Replacement Program for CDC Contracted Vaccine

RETURN REQUEST

* Provider or Project Name:		* Total No. of Boxes:	
* Address:		Pin No: (optional)	
* City, State, Zip:		Contact * Phone #:	
Account # (For McKesson Use Only):		*Contact Name:	

Enclose a copy of this Form with the return shipment. Return Shipments without this Form will not be processed.

Lot #		NDC #		Expiration Date		# of Doses	In multiples of 10
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Instructions:

1. Complete the above with required information; “*” information is REQUIRED.
2. Fax this form to the McKesson Customer Service at Fax # **800-289-9285**
3. This Form must be included in shipment. **Product returned without form will not be processed.**
4. A McKesson Customer Service Representative will schedule a pick up with FedEx Ground.
5. Expired FluMist should be packaged to assure no leakage of product; product does not need to be returned cold.
6. If your product has not been picked up within 72 hours, please fax McKesson Customer Care.

For Customer Service Use ONLY:

RA #:	Replacement Order No:	FedEx Confirmation#:

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vfc/downloads/med-fm-rrf-508.pdf>